



MERIT SYSTEM PROTECTION BOARD APPEAL FORM

Please type or print legibly

1. Name:
2. Present address (Note: You must notify the Board in writing of any change in your mailing address while your appeal is pending): Street: City, State, Zip code:
3. Telephone Number and/or E-Mail Address (Note: You must notify the Board in writing of any change in your telephone number(s) or e-mail address while your appeal is pending): Home: () Work: () E-mail address:
4. If a merit system employee, please provide your position title and grade: If an applicant and not a current County employee, please so indicate: Position title: Grade: <input type="checkbox"/> Applicant
5. Name of the Department that took the action or made the decision you are appealing:
6. Type of personnel action or decision you are appealing:
7. If appealing a disciplinary action, please provide the following information: a. Date you received the Department's Statement of Charges (Note: You must attach a copy of the Statement of Charges): b. Date you responded to the Statement of Charges (Note: You must attach a copy of your Response): c. Date you received the Department's Notice of Disciplinary Action (Note: You must attach a copy of the Notice of Disciplinary Action): d. Effective date of the Department action or decision:
8. If appealing a denial of employment, indicate the date you received the Department's notice of denial (Note: You must attach a copy of the Notice denying you employment):

9. If appealing the decision of the Chief Administrative Officer (CAO) on your grievance, indicate the date you received the CAO's decision **(Note: You must attach a copy of your grievance and a copy of the CAO's decision):**

10. Explain briefly why you think the Department was wrong in taking this action or making this decision:

11. What action would you like the Board to take in this case (i.e., what is the relief/remedy you are requesting)?

12. Do you wish to designate an attorney to represent you in this proceeding before the Board? **(You may designate a representative at any time. However, the processing of your appeal will not normally be delayed because of any difficulty you may have in obtaining a representative.)**

☐ Yes **(Complete the information below:)**

☐ No

a. Representative's Name:

b. Representative's Address:

c. Representative's Phone Number:

d. Representative's Fax Number:

e. Representative's E-mail address:

Certification: I certify that all of the statements made in this form are true, complete and correct to the best of my knowledge and belief and that, in accordance with Section 35-5(a) of the Montgomery County Personnel Regulations, a copy of this appeal has been sent to the Office of the County Attorney, 101 Monroe St., 3rd Floor, Rockville, MD 20850:

Signature of Appellant:

Date:
